



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000002340 1. Entity Name COMMUNITY LIFE-LINE, INC.	
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Principal Place of Business 2444 OLD ST. AUGUSTINE RD. MONTICELLO, FL 32344	Mailing Address PO BOX 862 MONTICELLO, FL 32344
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DO NOT WRITE IN THIS SPACE

05 MAY -2 AM 11:14
 FLORIDA STATE
 TELETYPE UNIT



04282005 No Chg-NP CR2E037 (10/03) 05

4. FEI Number 50-0002036	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**WILSON, MARY J
2444 OLD ST. AUGUSTINE RD.
MONTICELLO, FL 32344**

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IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILSON, MARY J 2444 OLD ST. AUGUSTINE RD. MONTICELLO, FL 32344
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILSON, WANDA 2444 OLD ST. AUGUSTINE RD. MONTICELLO, FL 32344
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILLIAMS, MARGARET 2249 LLOYD CREEK RD. MONTICELLO, FL 32344
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WATSON, VELRONNIE 2201 WEMBERLY WAY TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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200054669562
05/17/05--01035--001 **\$61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date: **4/29/05** (852) 509-5128 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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